Standard Form	1 No. 1034 - Revise escribed by	d	عور المالية	REI		D.	O. Vou. No	D				
Comptroller Septem (Gen. Reg. No. (Amended Fe	Gen <b>A32 Prove</b> ber 7, 199 Prove 51, Supp. No. 11) ebruary 20, 1952)	ed For Release	266664758: ES OTHER TH	IAN PERS	P8 4E SONAL	08 <b>7</b> 81	Vou. No.					
								Page 1 of 1 PAID BY				
U. S. (Department, bureau, or establishment)  Voucher prepared at								PAID BY				
Voucher prep	oared at		(Give place and date)									
THE UNITED STATES, Dr., Payee's Account No.												
		Нусот (Ра	yee)				-					
		dress)	Pasadena, Cal		State)							
N ID . C		ART	ICLES OR SERVICES		UNIT PRICE AMOUNT							
No. and Date of Order	Date of Delivery or Service	schedule, and oth Discount Terms	m number of contract or Federal a ner information deemed necessary Invoice		QUANTITY		Cost Per		Dollars	Cts.		
			15345 Supple.	No. 153	15				2,528 5,000	04 00		
PAYMENT:  Complete  Partial  Final		He cont										
Shipped from			nuation sheet(s) if necessight	Government l	B/L No.	<u> </u>		Total	7,528	04		
	above bill is correc	t and just and that paymen	<u> </u>	d.	(Paye	ee must NO7	Γuse this s	pace)	1,7,20			
·		(Sign original only)				ce <b>s</b>			:	-		
Date	*Payee	his certificate not required when a like cer	tificate is made by payee on attac	ohed bill or bills)					7 (-28	200		
Per 25X1A Title						erified; correct for 7,528 or initials)						
Contract No.		Date		25X1A		ate		voice Rec'				
Pursuant to autho	rity vested in me,	I certify that this account is	correct and proper						11 1 6 C	?		
<sup>† Augroved for \$ .</sup>			SIGN						CCF 3 8			
Ву			ORIGINAL ONLY						7			
771			5.121	Date					cer)			
Tit	THE REVERSE OF T	HIS FORM MUST BE EXEQUTED WH	EN PURCHASES ARE MADE (		URED WITHO	OUT WRITTEN AC	GREEMENT IN	ANY FORM				
	ACCOU	NTING CLASSIFICATION	(Appropriation Symb	ol must be sh	own; othe	er classificati	on options	al)	-			
					o progga Soboletja Soboletja Soboletja	HIGA PLACE CAR PLACE SINCHES SINCHES VOIZ <b>(B.181</b> ) FE	201		entre and a second			
								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Paid by $\left\{ \begin{array}{l} \text{Check } \\ \\ \text{Cash, $\$} \end{array} \right.$	<u>.</u>	dated , on	, 19, 19, 19				) favor o	of payee na	he United Star amed above.	tes in		
*When a voucher writing the compan "John Doe Compa †If the ability to	r is signed or receipton of the control of the cont	d in the name of a company of a company of the state of the state of the state of the approve are combined in owill sign on the line below "Ar	r corporation, the name <b>2006</b> / <b>044</b> / <b>9</b> · • · · · · · · · · · · · · · · · · ·	of the person IC APRI only is nec-	) <b>P81E</b> ⊤	800878F	₹0012	000 <b>76</b>	011-5	*- <b></b>		
essary; otherwise the	ne approving <b>officer v</b> le.	will sign on the line below "Ar	proved for \$	", and	•				16-22900	-5		

									<del></del>	
	_	(Department, bu	reau, or establishment)				-	PAI	D BY	
Voucher prep	pared at		(Give place and date				-			
THE UNITED :			's Account No							
		_								
To		Нусог	n Mfg. Compar	<u>ay</u>			-			
			Pasadena, Cal	lifornia						
	( <b>A</b> .d	dress)	(City)	(	State)					
No. and Date of Order	Date of Delivery or Service	(Enter description, it	TICLES OR SERVICE om number of contra ther information deer	ct or Federal s	supply QUANTITY		UNIT PRICE  Cost Per		AMOUNT  Dollars Cts	
		To reinstate withheld under Royalties, and Rights. Contra	Clause 24(D) Clause 27(F)	) Report: ), Patent	t				5,000	oc
AYMENT:  Complete  Partial  Final		II.							•	
hipped from	1		tinuation sheet(s) if nee		B/L No.	11		Total	5,000	00
I certify that the above bill is correct and just and that payment has not been received. (Payee must I					e must NO	Γuse this	space)			
(Sign original only)  See invoice No. 15315 for certificat  Date*Payee  (This certificate not required when a like certificate)			ation.	icate is made by payee on attached bill or bills)						
Per2	$J\Lambda$ $I\Lambda$					Amount verified; correct for				
Contract No.		Date	Reg. No.			ate		nvoice Rec'd		
ursuant to author	rity vested in me,	I certify that this account i	s correct and proper f	or payment.						
		,								
••			SIGN ORIGINAL					d Certifying Officer)		
у			ONLY						4	
				Date					·.	
		HS FORM MUST BE EXECUTED WE	IEN PURCHASES ARE MADE	OR SERVICES SEC	HRED WITHOU	IIT WRITTEN AC		I ANI FURDI		
	THE REVERSE OF T	HIS FORM MUST BE EXECUTED WE								
	THE REVERSE OF T	HIS FORM MUST BE EXECUTED WE						al)		
·	THE REVERSE OF T							al)		
-	THE REVERSE OF T							al)		
·	THE REVERSE OF T							al)		
-	THE REVERSE OF T							al)		
itle	THE REVERSE OF T							al)		
Title	ACCOU		(Appropriation Syml	bol must be sh	own; othe	r classificati	on option			